

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-035288

FILED VS OCT 13 1960

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 589v Registrar's No. 175

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Herculaneum		Length of stay in 1b 4 Days		c. CITY OR TOWN Arnold		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mississippi River			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #1			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ISIDORE JOSEPH ARNOLD				4. DATE OF DEATH Month Day Year Oct. 2, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/5/19	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Stocker Const. Co Jefferson Co., Mo.		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Frank Arnold			13b. MOTHER'S MAIDEN NAME Louise Westerman		14. NAME OF HUSBAND OR WIFE Bernice Arnold		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES W.W.#2			16. SOCIAL SECURITY NO. 490-01-0929	17. INFORMANT Address Bernice Arnold, Arnold Mo., Rt. #1			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Boating Accident.			
20c. TIME OF INJURY 4:00 p.m.	Hour Month, Day, Year 10-2-60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River.		20f. CITY, TOWN, OR LOCATION St. Louis County.	COUNTY STATE MO.
21. I attended the deceased from Cornen's View. and last saw her/him alive on 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at							
22a. SIGNATURE (Degree or title) James C. Cornen				22b. ADDRESS Fertus Mo.		22c. DATE SIGNED 10-7-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception Cemetery		23d. LOCATION (City, town, or county) (State) Arnold, Mo.		
24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan Ave.				ADDRESS (11)	25. DATE RECD. BY LOCAL REG. 10-7-60	26. REGISTRAR'S SIGNATURE James C. Cornen	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 1960

OCT 13 1960

MAY 17 1961 SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No. 376

P. O. Address 7420 Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.